



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

December 27, 2018

Mr. Dustin Redlein, Manager
7 Royce Street
7 Royce Street
Rutland, VT 05701-4432

Dear Mr. Redlein:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 26, 2018**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in black ink that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0617	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/26/2018
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NAME OF PROVIDER OR SUPPLIER
7 Royce Street

STREET ADDRESS, CITY, STATE, ZIP CODE
RUTLAND, VT 05701

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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R10d Initial Comments:

R100

An unannounced on-site re-licensure survey was conducted by the Division of Licensing and Protection on 11/26/18. There were regulatory findings.

R160 V. RESIDENT CARE AND HOME SERVICES
SS=D

R160

5.10 Medication Management

5.10.a Each residential care home must have written policies and procedures describing the home's medication management practices. The policies must cover at least the following:

(1) Level III homes must provide medication management under the supervision of a licensed nurse. Level IV homes must determine whether the home is capable of and willing to provide assistance with medications and/or administration of medications as provided under these Regulations. Residents must be fully informed of the home's policy prior to admission.

(2) Who provides the professional nursing delegation if the home administers medications to residents unable to self-administer and how the process of delegations to be carried out in the home.

(3) Qualifications of the staff who will be Managing medications or administering medications and the home's process for nursing supervision of the staff.

(4) How medications shall be obtained for residents including choices of pharmacies.

(5) Procedures for documentation of medication administration.

(6) Procedures for disposing of outdated or unused medication, including designation of a person or persons with responsibility for disposal.

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

DUSTIN REDLEIN
STAT E FORM

INTERIM MANAGER

12/13/18

6899

KFTB11

If continuation sheet 1 of 11

R160 - R999 POC's accepted 12/19/18 BBortell RN/PMU

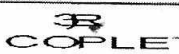
Division of Licensing and Protection

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R160	Continued From page 1 (7) Procedures for monitoring side effects of psychoactive medications. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that the written policies and procedures describing medication management practices included all of the required components. Findings include: Review of the policy and procedure manual regarding the practices for medication management failed to provide information regarding procedures for monitoring side effects of psychoactive medications. The house manager and registered nurse confirmed on 11/26/18 at 3:15 PM that there was no policy involving monitoring side effects of psychoactive medications.		R160	Please see attached POC	
R179 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police		R179	Please see attached POC	

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	<p>R179 Continued From page 2</p> <p>or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that direct care staff completed training in all all areas as required. Findings include:</p> <p>In review of the records for five employees that provide direct care to the residents in the home, there was no evidence of training for infection control for all five employees reviewed. Upon further review, there was no evidence that one of the five had training in fire safety and emergency evacuation and one had not had training in resident emergency response procedures. Confirmation was provided by the house manager on 11/26/18 at 12:55 PM that the employees had not had all the required trainings.</p>	R179		
R187 V. RESIDENT CARE AND HOME SERVICES SS=B	5.12.b. (1) A resident register including all discharges, transfers out of the home and admissions.	R187	Please see attached POC	

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(X4) ID PREFIX 11	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R187	Continued From page 3		R187		
	<p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to provide evidence of a resident register that included all discharges, transfers out of the home and admissions.</p> <p>The house manager confirmed at 3:00 PM on 11/26/18, that there is no evidence of a register of the residents that are currently in the facility or that have been discharged or transferred out of the home.</p>				
R188	V. RESIDENT CARE AND HOME SERVICES		R188		
SS=C	<p>5.12.b.(2)</p> <p>A record for each resident which includes: resident's name; emergency notification numbers; name, address and telephone number of any legal representative or, if there is none, the next of kin; physician's name, address and telephone number; instructions in case of resident's death; the resident's assessment(s); progress notes regarding any accident or incident and subsequent follow-up; list of allergies; a signed admission agreement; a recent photograph of the resident, unless the resident objects; a copy of the resident's advance directives, if any completed; and a copy of the document giving legal authority to another, if any.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the</p>				

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	R188 Continued From page 4 facility failed to ensure that the records for three of three residents in the sample, Resident #1, 2 and 3, had the completed information regarding instructions in case of resident's death. Findings include: There was no evidence in the medical records for the three sampled residents that provided information regarding instructions in case of resident's death. The house manager stated in an interview on 11/26/18 at 1:20 PM that there is no documented information in case of resident's death and s/he further stated that s/he was unsure of what to do in the event of the resident's death.	R188	Please see attached POC						
	R240 VII. NUTRITION AND FOOD SERVICES SS=C	R240							
	<p>7.1 Food Services</p> <p>7.1.b Meal Patterns</p> <p>The following guide provides the basis for meal planning and will provide nearly 100% of the RDA for most residents. In cases of a resident's advanced age and very light activity, homes may consider each resident's needs with respect to portion size and frequency of eating but shall not compromise overall nutrient intake. In addition to the suggested food servings, particular emphasis must be given to fluid intake for residents.</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Suggested Daily Food Group Servings</td> <td style="text-align: center;">What Counts as a Serving</td> </tr> <tr> <td>Bread, Cereal, 6-11 tortilla</td> <td>1 slice bread,</td> </tr> <tr> <td>Rice, Pasta</td> <td>½ bagel, English Muffin ½ hamburger/</td> </tr> </table>			Suggested Daily Food Group Servings	What Counts as a Serving	Bread, Cereal, 6-11 tortilla	1 slice bread,	Rice, Pasta	½ bagel, English Muffin ½ hamburger/
Suggested Daily Food Group Servings	What Counts as a Serving								
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

7 ROYCE STREET

**7 ROYCE STREET
RUTLAND, VT 05701**

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R240	Continued From page 5	R240		
	hot dog roll, pita ½ cup cooked cereal, rice, pasta 1 oz ready-to-eat cereal 3-4 small or 2 large crackers			
Fruit	2-4 ¾ cup 100% fruit juice 1 medium apple, banana or other fruit ½ cup fresh, cooked or canned fruit ¼ cup dried fruit			
Vegetables	3-5 ½ cup cooked or chopped raw vegetables 1 cup leafy, raw vegetables ¾ cup vegetable juice			
Milk, Yogurt, yogurt Cheese	3 or more 1 cup milk, 1 ½ oz natural cheese			
Meat, Poultry, lean	2 (total of 2-3 oz cook ed lean			
Legumes, Eggs	4-5 oz/day meat, poultry or fish			
Nuts	½ cup cooked legumes 1 egg 2 tablespoons peanut butter 1/3 cup nuts			
Fluids	8 cups Water, juice, herbal tea, (8 fluid oz each) non-caffeinated Coffee, tea			

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R240	Continued From page 6 At least one serving of citrus fruit or other fruit or vegetable rich in vitamin C shall be served each day At least one serving of fruit or vegetable rich in vitamin A shall be served at least every other day. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to insure that meal planning provide the recommended nutritional needs of the residents. Findings include: Review of the facility menus showed that there were not adequate servings of each of the suggested daily food group servings. During an interview with the house manager on 11/26/18 at 11:30 AM, s/he confirmed that the menus needed to be worked on and that the daily food requirements were not being met.		R240	Please see attached POC	
R247 VII. NUTRITION AND FOOD SERVICES SS=E	7.2 Food Safety and Sanitation 7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to insure that all perishable food and drink were dated, labeled and held at proper temperatures. Findings include:		R247	Please see attached POC	

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R247	Continued From page 7 1.) There was no evidence of temperatures being recorded for the refrigerated foods nor for insuring that foods are at or above 140 degrees when served. The house manager confirmed at 11:25 AM on 11/26 that the temperatures had not been recorded and s/he could not insure that foods were being held at the proper temperatures. 2.) During the tour of the kitchen, accompanied by staff, it was observed that there were bags of popcorn, crackers, rolled oats, baking mix, cereal, flour and sugar that had been opened and not dated to indicate when they were opened. Confirmation made by staff that accompanied the surveyor at 11:00 AM that the containers were not labeled.	R247		
R277 SS=E	IX. PHYSICAL PLANT 9.3 Toilet, Bathing and Lavatory Facilities 9.3.a Toilet, lavatories and bathing areas shall be equipped with grab bars for the safety of the residents. There shall be at least one (1) full bathroom that meets the requirements of the Americans with Disabilities Act of 1990 and state building accessibility requirements as enforced by the Department of Labor and Industry. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to insure that two of three bathrooms were equipped with grab bars for resident safety. Findings include:	R277	Please see attached POC	

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R277	Continued From page 8 During a tour of the facility, accompanied by the house manager, it was observed that two bathrooms on the second floor that are used by residents, did not have a grab bars as required. One of the bathrooms did not have a grab bar to assist the residents from the toilet if it was needed. The second bathroom did not have grab bars for the shower or near the toilet. The house manager made confirmation at the time of discovery on 11/26/18 at 10:40 AM.	R277			
R302 SS=E	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to insure that fire drills were conducted on at least a quarterly basis and failed to insure they are conducted on different shifts. Findings include:	R302		Please see attached POC	

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R302	Continued From page 9 Review of the fire drills on 11/26/18 presented that the facility only conducted three fire drills between November 2017 and November 2018. The house manager confirmed at 12:15 PM that all of the drills were conducted during the day shift only and that they had not been done at least on a quarterly basis.		R302		
R999 SS=B	<p>MISCELLANEOUS</p> <p>Based on staff interview and record review, the facility failed to adhere to the State of Vermont Residential Care Home Licensing Regulations in regards to insuring that the name of the manager for the residential home is consistent with the name of the actual house manager. The facility further failed to adhere to the regulations regarding the qualifications for the manager of the home. Findings include:</p> <p>1.) Review of State of Vermont Residential Care Home Regulations 4.11, the license that was issued to the facility by the State Licensing agent, has a different name listed as the manager other than the person that is the current house manager. Per interview with the house manager at 10:30 AM on 11/26/18, s/he was appointed to the position over two months ago after the previous manager left the position. S/he further stated that she had not requested a name change to reflect him/her as the manager.</p> <p>2.) Review of State of Vermont Residential Care Home Regulations 4.13 iv, the house manager confirmed in an interview at 10:30 AM on 11/26/18 that s/he does not have all of the required qualifications of the house manager. S/he stated that s/he was appointed to the position of house manager over two months ago</p>		R999	Please see attached POC	

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R999	Continued From page 10 and that prior to the position, s/he had worked as a direct caregiver at the facility and graduated with a Bachelor degree in Health Science. S/he also stated that s/he had not been in the position of supervisor at any time.	R999		

Community Access Program



Community Care Network
Rutland Mental Health Services
thriving community, empowered lives.

December 13th, 2018

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306

Re: Plan of Correction for 7 Royce Street

On November 26th, 2018 the re-licensing survey revealed deficiencies at the Royce Street Level III Residential Care Home. The following is our plan of correction for the deficiencies identified in the survey.

R160 V. Resident Care and Home Services

1. At the time of review the agency's Medication Administration and Documentation policy from 2012 was provided. This policy had been updated in 2015 and was available in the policy manual on the intranet. Our 2015 updated policy includes all information required by Residential Care Home-Licensing Regulations.
2. The action taken to correct the deficiency is to remove all copies of the out dated policies and ensure everyone is directed to the Agency intranet for most up to date policies.
3. The House Manager will ensure that everyone knows to be directed to the Agency intranet for most up to date policies.
4. Please see attached policy.

R179 V. Resident Care and Home Services

1. The action taken to correct the deficiency is to assure all staff complete 12 hours of trainings annually from the seven required trainings. The manager will assure all training is documented in the home training book and the agency training software.
2. The manager will assign dates and times staff need to complete the trainings. Staff will sign the training attendance sheet as evidence they were present and kept in the home training binder.
3. The manager will monitor the training book monthly to ensure staff is in compliance with training. Residential Care Home Licensing Regulations training requirements will also be monitored through the agency training software
4. This will be complete by 1/15/2019.

R187 V. Resident Care and Home Services

1. The action taken to correct the deficiency is to implement a residential register.
2. The manager will create a resident register with the current residents and continue forward.
3. The manager will monitor the register to ensure recordings are up to date.

78 South Main St. | P.O. Box 222 | Rutland, VT 05702

Office: 802 • 775 • 0828 | Fax: 802 • 747 • 7692 | Website: rmhscn.org

Toll-free: 877 • 430 • 2273 | TTY/TDD: 800 • 253 • 0191

Community Access Program



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4. This has been completed as of 11/27/2018.

R188 V. Resident Care and Home Services

1. The action to complete the deficiency is to include instructions in case of the resident's death in the resident's record.
2. A form documenting instructions has been created that will be kept in the resident's record.
3. The manager will monitor the resident's record to ensure the form is up to date and included in the record.
4. This will be completed as of 1/15/19

R240 VII. Nutrition and Food Services

1. The action taken to correct the deficiency is there will be weekly menus created that meet the recommended dietary allowance.
2. Prior to the 11/26/2018 review, the house was in the process of updating the menus. An initial consultation with a registered dietician has been scheduled for 1/16/2019
3. The manager will monitor the menu weekly to ensure residents are receiving adequate servings of the suggested daily food group servings.
4. This will be completed by 2/15/2019, pending next steps taken by registered dietician after 1/16/2019 consultation.

R247 VII. Nutrition and Food Services

1.
 - a. The action taken to correct the deficiency is to assure all food items are held at proper temperatures.
 - b. A temperature log has been put in place for staff to document the temperature of the refrigerator, freezer, and food items. These will be logged daily and at time of servings.
 - c. The manager will review the logs weekly to ensure all are within range and meals are served at proper temperatures.
 - d. This has been completed as of 12/3/2018 and will be ongoing.
2.
 - a. The action taken to correct the deficiency is to assure all food items will be dated and properly stored when opened.
 - b. Every time food is stored or opened staff will date and initial the item.
 - c. The manager will check daily all foods to make sure they are dated, not expired, and stored properly. Any foods found not properly dated and stored will be discarded.
 - d. This has been completed as of 12/3/2018 and will be ongoing.

R277 IX. Physical Plant

Community Access Program



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1. The action taken to correct the deficiency is grab bars will be placed around the toilet of the upstairs bathroom the residents utilize.
2. This will be a one-time correction that will not need to be measured.
3. The grab bars will be checked periodically to ensure in proper working order.
4. This will be completed by 1/15/2019.

R302 IX. Physical Plant

1. The action taken to correct the deficiency is to conduct fire drills at least quarterly with rotating shifts.
2. The manager will assign each shift a day and time to complete a fire drill. Staff will fill out the required form, and file in the office.
3. The manager will monitor at least quarterly, accountability tracking for execution of fire drills has been incorporated into agency tracking software and is monitored by the agency Risk and Quality manager, as well as the Program Director.
4. This is completed as of 12/17/2018.

R999 Miscellaneous

1. On September 18th, prior to Annmarie Brown Leaving 7 Royce Street, a request and resume were submitted to DLP to have a new license issued under Dustin Redlein, Director of Residential and Specialized Supports. On September 18th, Pamela Cota responded with verification of receipt and a welcoming to Vermont Residential Care. With no receipt of a new license in order to comply with Residential Care Home Regulations 4.11 a follow up email was sent, where Pamela Cota replied that new licenses are not sent out for interim managers.
2. The action taken to correct the deficiency 4.13 iv, is the House Supervisor will complete the Vermont RCH manager's course to meet the qualifications of House Manager.
3. An interim manager has been in place and will remain in place until the house supervisor meets the required qualifications.
4. The interim manager will monitor to ensure the House Supervisor completes the required course.
5. The request to change the name of the house manager was completed as of 9/18/2018 as requested by DLP prior to the house manager leaving. The newly hired house supervisor will complete the RCH Manager's course by 2/15/19.

Sincerely,

Dustin Redlein
Director of Residential & Specialized Supports
Interim Manager
78 South Main Street
Rutland, VT 05701

MEDICATION ADMINISTRATION AND DOCUMENTATION

EFFECTIVE: 03/200
REVISED: 01/2015
REVIEWED: 09/2018

PURPOSE:

- To provide clear procedures for medication monitoring, medication management and medication administration for services provided at Community Access Program (CAP).
- To establish consistent procedures for safe medication administration to CAP individuals when the program provides monitoring and management of medications.
- To provide a uniform way of documenting worker administration of medication.

MEDICATION ADMINISTRATION PROCEDURES:

1. General guidelines.
 - a. Medications, both over the counter (OTC) and prescription will be prescribed by a duly licensed practitioner in residential programs.
 - b. Evidence of this will be available in the individual's record
 - c. The Emergency Fact Sheet will contain an up to date list of all medications, both OTC and prescription. This list will include medication name, dosage, frequency and route.
 - d. The Emergency Fact Sheet will have information available regarding prescribing practitioners including name, address and phone number.
 - e. The Emergency Fact Sheet will have information available regarding the individual's pharmacy including name, address and phone number.
 - f. The Emergency Fact Sheet will have information regarding medication allergies/ sensitivities/possible food interactions.
 - g. The Poison Control phone number should be near the telephone for easy access.
 - h. Information on the medications will be kept in the individual's record and in the Shared Living homes. This information will include name of medication, indications for use, contraindications, and side effects.
2. Handling and Storage and disposal of medications.
 - a. Medications will be stored in a secure area under proper conditions of temperature, light moisture, ventilation and segregation. In general, medications should be kept away from moisture and at room temperature. Medications must be stored in a locked cabinet with *each* person's medication stored separately. If the individual is able to self medicate, the storage and handling of medication will be modified to reflect the level of ability the individual has in managing their own medication. Nonetheless, all medications need to be stored in a safe and secure manner to ensure that individuals who should not have access to medications do not have access to them.
 - b. Non-oral medications should be divided from oral medications. The area should be secure enough to safeguard against vulnerable or unauthorized persons having easy access.
 - c. Facilities under specific regulations may need to have medications under lock and key. Some medications have specific environmental conditions. Typically, liquid medication may need refrigeration. The container for the medication should have labeling placed by the pharmacy to guide in types of environment. If refrigeration is necessary **then a "medication only" refrigerator may be used** or medications will be kept in a specific area of the general refrigerator isolated from food items. If a medication is sensitive to light, it should **be locked** in a container that can protect it

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- from light. The container should be labeled with the person's name as well as the name of the medication that is contained in the container.
- d. Universal precautions should be used when handling medications. Medications will be handled in a safe manner as outlined in the Fundamentals of medication administration class.
 - e. Sharps will be disposed of using Biohazardous Waste Containers. Disposal of full containers will be in the Biohazardous waste box located at the Community Access Program site in a locked receptacle. The key must be obtained from the receptionist. The key must be signed for via signature. Discontinued or outdated medications from our facilities will be disposed of in the Biohazardous box at CAP after identifying information has been obliterated.
 - f. Chemotherapy and antineoplastic medicines will be returned to the pharmacy or cancer clinic.
 - g. Controlled medications will be counted and verified by two employees prior to disposal. The number will be recorded properly on the medication record and signed by both employees.
 - h. Discontinued or outdated medications in our Shared Living Home program will be disposed of according to the policies of their individual solid waste district. All identifying information on the label should be obliterated prior to disposal. Controlled medications or medications with a high abuse rate may be brought to CAP for disposal in the locked Biohazard container.
3. Guardian or individual permission.
- a. Medications administered should be approved of by the individual's guardian or the individual (if own guardian). This is done prior to the administration, if at all possible. If not possible, permission is obtained as soon as reasonably possible. Such permission should be documented in writing.
 - b. Medications, both prescribed and OTC have benefits and risks. Such benefits, risks and alternative therapies can be made known to the responsible party in a number of ways:
 - 1) Direct conversation with prescriber
 - 2) Direct conversation with a pharmacist
 - 3) Print outs from pharmacy
 - 4) Internet web sites (www.mavoclinic.com is one such web site)
 - 5) Brochure entitled: Medications-what you should know. This brochure is provided to all individuals/guardians at time of initial and annual ISA.
4. Medication review
1. Medications will be reviewed periodically for continued need and *effectiveness*. This should be done by the prescribing practitioner at time of appointments and more thoroughly by the Primary Care Provider at time of annual physical.
 2. Any practitioner for the individual should be aware of all medications being used by that individual to help safeguard against interactions.
 3. The prescribing psychiatrist or APRN will be notified of untoward reactions or side effects so that appropriate action can be taken.
 4. Such reactions and/or untoward reactions should be noted on the Individual's Emergency Fact Sheet under "Allergies/Sensitivities".
 5. The individual's pharmacy should have a complete list of all medications and medical conditions to watch for possible interactions and contraindications.
 6. Psychopharmacologic medications require direct contact with the prescribing psychiatrist or APRN at least quarterly. The psychiatrist or APRN may indicate that an individual's circumstances are stable and less frequent checks are appropriate. A timely note documenting the medication check will be entered in the individual's file.
 7. Antipsychotic medications and some antiemetics may cause tardive dyskinesia. This abnormal involuntary movement disorder can be debilitating and is sometimes irreversible. Individuals

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receiving such medications should be screened prior to initiation of therapy and quarterly (unless otherwise specified by practitioner) thereafter. The physician or nurse may do screening and periodic checks. Evidence that such screening has been done should be documented in the psychotherapy note or Nurse's Note.

5. Procuring of prescribed medications and stock availability
 - a. The Community Access Program has different types of settings and facilities. Individuals have their own individual prescription bottles.
 - b. Our facilities (Westview Court ICF/MR and Royce St. TCR) use local pharmacies with 24hr. emergency capability. The facility supervisors and staffed apartment supervisors are responsible for providing a method for checking and procuring medications in a manner that provides for uninterrupted administration.
 - c. Facilities and Staffed Apartments with more than one individual may have a small cache of stock OTC medications available for general use.
 - d. Shared Living Providers are responsible for obtaining and refilling the individual's medications in such a manner that provides for uninterrupted administration. The individual should assist with this process to the degree that he/she is able. Shared Living Providers should be re-ordering medications when there are five (5) days of medications left.
 - e. Medications to be given to individuals off site are to be kept in the pharmacy labeled container. Such medications should be transported in a secure manner to safeguard against vulnerable or unauthorized people having easy access.

6. Procedure for *Emergency / Overdue Refill Prescriptions*

In the event someone runs out of medication, the pharmacy should be contacted immediately and the situation explained to the pharmacist. If the medication has no further refills and is not a controlled substance, the pharmacy will usually give you enough medication to get you through until the new prescription can be obtained or a refill called in.

Controlled medications, by law, have some restrictions **regarding refills being called in by phone/fax**. The most restricted of controlled drugs will **require a hard copy prescription with a hand written physician signature**. The pharmacy should **be contacted as well as the physician for guidance** regarding how the situation can be resolved

7. Assessment of individual's ability to safely give his/her own medications **when C.A.P. is responsible for monitoring individual's medical needs**.
 - a. No assessment needed if CAP is not identified as party responsible for monitoring individual medical needs.
 - b. Individual's guardian gives permission.
 - c. If CAP is responsible for individual medical needs and individual appears to *have* self-administration capabilities, case manager will notify CAP registered nurse to complete the Self Medication Assessment form.
 - d. If individual is deemed capable of self-medication with some assistance and/or supervision, the method by which the individual will be assisted/supervised and by, who is reflected in the annual plan. Reassessment must be completed periodically.
 - e. Individual is deemed 100% capable of self-medication. This is then reflected in the annual plan. Re-assessment must be completed periodically.
 - f. Based on assessment, individual is deemed incapable of self-medication. Steps are taken to assure safe administration and status is reflected in individual's annual plan.

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8. Medication administration by non-licensed employees.

The Community Access Program acts in compliance with the State of Vermont Board of Nursing, title 26 V.S.A., Chapter 28, Subchapter 1, purpose and effect, which states: "In order to safeguard the life and health of the people of this state, no person shall practice, or offer to practice, registered or practical nursing unless currently licensed under this chapter." Employees who administer medications to an agency individual will adhere to the following:

- a. Receive medication specific information and training from a physician, or registered nurse regarding medications they will be administering.
- b. Attend and successfully complete the "Fundamentals of Medication Administration" class. Tri-annual re-attendance is **mandatory**.
- c. Administer medications only to those individuals for which they have received specific delegation.
- d. Follow medication recording procedures as outlined in the Medication Records Policy.
- e. The registered nurse or physician will delegate, in writing, medication administration to specific employees for specific individuals.
- f. The delegating physician or nurse retains the right to determine which medications may be appropriately delegated and the competence of the delegate.
- g. Medication errors are to be appropriately documented and reviewed by the delegating physician or registered nurse. They retain the right to withdraw their delegation of the medication administration and/or require retraining of the delegate.
- h. Participate in progressive discipline if error occurs.
 - 1) Within six month period:
 - 2) Error #1 = self counseling/awareness
 - 3) Error #2 = supervisor counseling with documentation of meeting
 - 4) Error #3 = performance warning by supervisor with documentation of
 - a) meeting and mandatory retraining and successful completion of the
 - b) "Fundamentals of Medication Administration" class before
 - c) Further medication admission.
 - 5) Error #4 = Placed on probation with individualized plan for possible further
 - a) medication administration
 - 6) Additional medication errors = probable termination

9. Medication Monitoring

- a. **Medication errors** are documented and tracked through internal event reports which are reviewed by the service coordinator, nurse if assigned, Director, and CAP Quality Assurance Coordinator, as well as the RMHS Director of Risk and Quality Management. The prescribing physician is contacted if indicated. Follow-up to address the error is provided as indicated. A CAP RN is assigned to track all medication errors, analyze trends, and follow-up as needed.
- b. **Physician orders** are reviewed at the time of the annual physical, psychiatric medication checks, and appointments with other prescribing physicians. Orders are documented on the EFS.
- c. **Medication administration sheets** are reviewed by the service coordinator monthly and initialed and dated, or by a nurse if the individual has a nurse assigned. The service coordinator or the nurse follows-up any errors found.

II. MEDICATION ADMINISTRATION RECORDING PROCEDURES:

1. Documentation of ongoing medications. (See examples on sample medication records.)

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The Community Access Program will maintain medication records in all situations where the individual is unable to self-administer his/her own medications.

- a. The person administering medications will write his/her name and initials at the top of the medication record. If two people administering medications have the same initials one person should add his/her middle initial
 - b. Medications are given at the times ordered. There is a thirty (30) minute rule for either side of the prescribed time. (e.g. 8:00 A.M. medications may be given any time between 7:30 A.M. and 8:30 A.M.)
 - c. The person administering medications signs off that each medication has been given by entering his/her initials in the appropriate box on the medication sheet
 - d. All persons administering medications should follow the "Fundamentals of Medication Administration" course guidelines.
 - e. All entries made on the medication records are to be done in black or blue ink. There is to be no use of white-out.
 - f. Medication records are legal documents and are maintained as part of the individual's file.
2. Documenting a change in a current medication. (See Examples 1 and 2 on the sample medication record.)
 - a. When a change has been made in an existing medication (dose, time, route) discontinue the present order with lines drawn forward through the signature **blocks from the time of change** to show the **med should not be given** (as shown in Examples 1 and 2 on the sample medication record).
 - b. Document *new* medication order by drawing **lines from the beginning of the month** to the start date and time to rule out the past dates when not ordered (as shown in Example 2 on the sample medication record).
 - c. Documentation should be made in the **individual's or house log** to alert all caregivers that **a change has been made**.
 3. Documentation of a controlled medication in CAP facilities and staffed apartments. (See Example 3 on sample medication record.)
 - a. The documentation of a controlled substance is required by practice and by law.
 - b. All medications that require counting **should be in an appropriate** receptacle for counting ease. (Counter trays/cards available at most pharmacies.)
 - 1) When a new counter tray is started **a notation should be made on the back** of the medication record stating date, time, medication and numbers of pills issued.
 - 2) Before and after a medication is poured it is the responsibility of the person administering the medication to check the count against the number of pills in the receptacle.
 - 3) Document the number of pills left *after* each medication pass as shown on the sample medication record.
 - c. Errors on count are to be investigated immediately to ascertain why the pills are under or over count. Supervisor is to be notified.
 - d. Event report to be filled out.
 4. Procedure: Documenting a time-limited order on a client medication record. (See Example 4 on the sample medication record.)
 - a. Enter all appropriate information under medication, dose, and hour section of the medication record.

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- b. Draw a single line through the boxes out to the start date. This lines out prior dates when medication not given and indicates when the drug should start.
 - c. Calculate the number of doses to be given in order to come up with an end date on the medication record. (1 tab, 2x/day for 10 days=20 doses).
 - d. Draw line through boxes after the date of the last doses, being sure to line through all spaces as an indication that the drug has stopped.
5. Documentation of pro (as needed) medication. (See Example 5 on the sample medication record.)
 - a. All pm medications are to have parameters for use specifying under what conditions they are used, how much, and how often.
 - b. If a pm medication is needed, the person administering the medication must initial the front of the medication record and indicate the time of administration.
 - c. The back side of the medication record must be also be filled out stating the date, time, medication, dose and effect.
6. Documentation of a refused medication. (See Example 6 on the sample medication record.)
 - a. After offering the medication (s) and going past the timeline, a refusal must be documented. (Remember that you have 30 minutes on either side of the prescribed time during which the individual may take the medication.)
 - b. Circle your initials on the medication record to indicate that the individual has refused and provide a brief description of the event on the back of the medication record and in the individual's or house log. (Be sure to sign your note in the log as well.)
 - c. Call supervisor to get instructions about further actions.
 - d. Repeated refusals require a team meeting with the individual's guardian present to discuss problem and come up with solutions.
7. Documentation of an omitted medication. (See Example 7 on the sample medication record.)
 - a. If a medication is not given, circle your initials on the medication record and provide a brief description of the event on the back of the medication record.
 - b. If omission was not a planned event (NPO, having lab work, etc.) call supervisor to notify them of the omission.
8. Medication errors. (See Example 8 on the sample medication record)
 - a. All medication errors are to be reported immediately to your supervisor for further direction. If unable to reach supervisor call the individual's physician or emergency department for further direction.
 - b. Document error with initials and asterisk. Give details on back of medication record, and *sign*.
 - c. **Fill out event report.** Agency's risk management division **to compile information on** medication errors using a root cause analysis method.
 - d. Document in individual's or house log to alert other caregivers **of error and action taken**.
9. Documentation of an erroneous entry on the medication record. (See Example 9 on the sample medication record)
 - a. Draw a single line through the error.
 - b. Write "error", and then sign your initials.
 - c. Never scribble, erase or use white-out to **amend an error on the medication record**.
 - d. Document the error in the individual or house log to alert other caregivers.

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- 10. Documentation of the disposal of controlled medications *in* our facilities and staffed apartments. (See example 113. on the sample medication record)**
 - a. Controlled medications must be disposed of with two persons witnessing.
 - b. An accounting of the number of pills must be noted on the back of the medication record and both persons are to initial
 - c. Follow the procedure for disposal of medications.